Strongyloides stercoralis: A case-report of the silent killer

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A 57 year old male patient suffering from non-Hodgkin lymphoma (NHL) was hospitalised due to general weakness and abdominal complaints. Symptoms included headache, diarrhoea, vomiting, nausea and fever. Primarily the attending physician suspected deterioration due to NHL. However, extensive diagnostic examinations showed no cause for his abdominal complaints. Finally, at day 14, a gastroscopy was performed showing two ulcerative lesions (one in the fundus, one in the cardium) from which biopsies were taken and sent to the pathology department. These biopsies showed a pronounced eosinophilia and the presence of worm/larvae like structures upon which the department of Medical Microbiology was consulted. On suspicion of a Strongyloides stercoralis infection, stool samples were collected two days after the biopsy and examined for parasites. Larvae of Strongyloides stercoralis were found. Unfortunately, before the parasitological diagnosis was made, the patient deteriorated. He was admitted to the intensive care unit where mechanical ventilation, ivermectin and broad-spectrum antibiotics were started. One day after the diagnosis was confirmed the patient died of septicaemia combined with massive bleeding from the stomach ulcer. In retrospect, the patient was originally from Liberia. During his treatment for NHL with chemotherapeutic agents, Strongyloides serology was never performed. One month previous to this final hospital admission, he had also been admitted with respiratory and abdominal complaints which were treated with broad spectrum antibiotics and prednisone. Furthermore, his medical history revealed type II diabetes, chronic hepatitis B infection.

Conclusion: Hyperinfection because of Strongyloides stercoralis was observed.

Biography
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